

Portage and Early Years Support Teachers

My Individual Learning and Development Plan (ILDP)

Name:		DOB:		Date of this plan:		Review date:		Plan Number:		
Area of need:			Early Years Outcomes:							
PEYST Lead:			SENCO:		SEN Support / EHC (Statement)					
Plan to be shared with:			Early Education Provider:			Babies 0-1	Toddlers 1-2	Pre-nursery 2-3	Nursery 3-4	Reception 4-5

My Next Steps: (New Targets – maximum 5)

	Area of Learning	Target	Strategies (state Who,does what, under what conditions, to what degree of success)	Resources
1				
2				
3				
4				
5				



Portage and Early Years Support Teachers

Timetable/Provision Map

Child's Name:

(Provision Map showing: when, where, for how long, adult support, resources)

	Monday	Tuesday	Wednesday	Thursday	Friday
Targeted Support (morning)					
Targeted Support (afternoon)					
At other times					

Overview of Resources and additional support:



Portage and Early Years Support Teachers

Target Monitoring and Review

To be completed by key person/Inclusion Worker on a weekly basis.

Child's Name:

Target 1:

Dates:	Comments:

Outcome/progress towards target: *(to be discussed and completed at ILDP Review meeting)*

Please circle

Working towards

Achieved

Secure
(generalising)



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Portage and Early Years Support Teachers

Target Monitoring and Review

To be completed by key person/Inclusion Worker on a weekly basis.

Child's Name:

Target 2:

Dates:	Comments:

Outcome/progress towards target: *(to be discussed and completed at ILDP Review meeting)*

Please circle

Working towards

Achieved

Secure
(generalising)



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Target Monitoring and Review

To be completed by key person/Inclusion Worker on a weekly basis.

Child's Name:

Target 3:

Dates:	Comments:

Outcome/progress towards target: *(to be discussed and completed at ILDP Review meeting)*

Please circle

Working towards

Achieved

Secure
(generalising)



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Target Monitoring and Review

To be completed by key person/InclusionWorker on a weekly basis.

Child's Name:

Target 4:

Dates:	Comments:

Outcome/progress towards target: *(to be discussed and completed at ILDP Review meeting)*

Please circle

Working towards

Achieved

Secure
(generalising)



Portage and Early Years Support Teachers

Target Monitoring and Review

To be completed by key person/Inclusion Worker on a weekly basis.

Child's Name:

Target 5:

Dates:	Comments:

Outcome/progress towards target: *(to be discussed and completed at ILDP Review meeting)*

Please circle

Working towards

Achieved

Secure
(generalising)



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Record of Review Discussion

Child's Name:

Review date:	Venue:	Reviewed by: (attended)
Comments: (Child's voice, Parents/carers, Professional)		
Next steps / recommendations: (These next steps will become my next targets)		
Date and time of Next Review:	Venue:	



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